

fat Boiker

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 09/743522 FILING DATE _____
APPLICANT(S) _____

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
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TOTAL CLAIMS						

1360 (3-78)

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE

BEST AVAILABLE COPY